



Suicide Risk Screening Instrument (SRSI)

Regional Juvenile Detention Center (RJDC)
SRSI Screening – Detention Section

Initial SRSI Screening is conducted in a Juvenile
Assessment Center or JPO Screening Unit

May 2016

How to Access the SRSI

First, log in to JJIS

Department of Juvenile Justice System Login



JJIS information is confidential. Users are required by law to maintain this confidentiality and use the information only for Department of Juvenile Justice approved purposes. Failure to follow these restrictions may result in civil or criminal penalties.

Additional information is available on the DJJ website at:

<http://www.djj.state.fl.us/partners/data-integrity-jjis/access-agreements-policies>

User Name: *	<input type="text"/>
Password: *	<input type="password"/>
System: *	<input type="text" value="JJIS"/>
<input type="checkbox"/> Change Password?	
<input type="button" value="Login"/> <input type="button" value="Close"/>	

JJIS Help Desk (850) 921-7832

How to Access the SRSI



The screenshot shows a web browser window with the address bar displaying <http://jjiswebqt1/JJISWEBSITE2010/Welcome.asp>. The page header includes the Florida Department of Juvenile Justice logo and the text "Department of Juvenile Justice". A blue navigation bar contains a "Logout" link. On the left, a "Modules" menu lists three items: "Intake Web", "Applications", and "NEW Web Forms". A large red arrow points to the "NEW Web Forms" link. On the right, the text "Juvenile Justice Information System" is visible. A large Florida Department of Juvenile Justice seal is partially visible in the bottom right corner.

Click on New Web Forms

How to Access the SRSI

Department of Juvenile Justice

Logout Face Sheet Test Server

New Web Forms Module

Form Package Information

Search Type

☐ Approximate Match ☒ Exact Match

Search By

☐ Last Name, First Name ☐ Last Name, First Name, Race ☐ Alias Name ☐ Date of Birth

☐ Last Name, First Name, DOB ☐ Last Name, First Name, Sex ☐ Social Security # ☒ DJJ ID

Last Name Alias SSN DJJ ID

First Name Sex DOB Race

Find

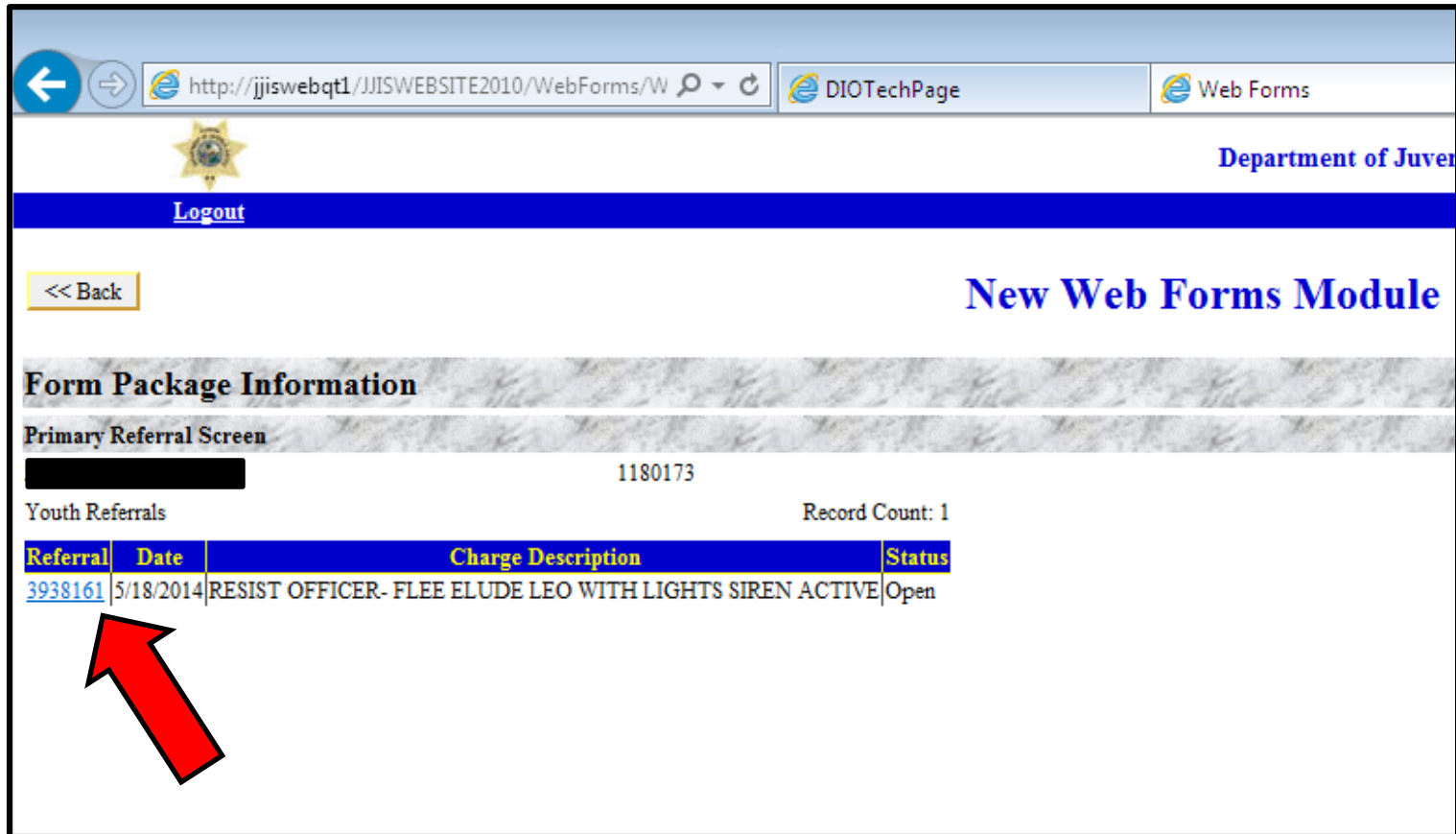
Youth Found

Select	Youth	DJJID	SSN	DOB	Prevention	Civil Citation	Delinquent	Race	County
Select	[Redacted]	[Redacted]	XXX-XX-0185	10/24/1996	No	No	YES	White	[Redacted]

Count: 1

- 1) Find Your Youth
- 2) Select Your Youth

How to Access the SRSI



The screenshot shows a web browser window with the address bar displaying <http://jjiswebqt1/JJISWEBSITE2010/WebForms/W>. The page title is "Department of Juvenile Justice". The main heading is "New Web Forms Module". Below this, there is a "Form Package Information" section with the text "Primary Referral Screen". A black redaction box covers the name, and the number "1180173" is displayed. Below this, the text "Youth Referrals" and "Record Count: 1" are shown. A table with the following data is displayed:

Referral	Date	Charge Description	Status
3938161	5/18/2014	RESIST OFFICER- FLEE ELUDE LEO WITH LIGHTS SIREN ACTIVE	Open

A large red arrow points to the "Referral" column header and the first row of the table.

Select the referral used for detention placement

How to Access the SRSI

Form Package Information

Select Youth	View Forms Directory
Select Referral	Old Web Forms

7) (Primary ReferralID: 3972498)

NEW Web Forms

- Assessment Center Forms
 - Authority For Evaluation and Treatment - Old
 - Authority For Evaluation and Treatment - New
 - Commitment Management Conference Summary
 - Detention Risk Assessment
 - Financial Statement for Determination of Cost Recovery
 - Human Trafficking Screening Tool
 - MAYSI Questionnaire
 - Old Detention Risk Assessment
 - PACT Classification
 - PACT MH/SA Screening Report and Referral
 - PACT Pre-Post Disposition Report
 - PACT Recommendation to State Attorney
 - PACT YES Plan
 - Pre-Post Disposition Report
 - Recommendation to State Attorney
 - Substance Abuse and Mental Health Assessment - Part I & Part II - Old
 - Substance Abuse and Mental Health Assessment Summary of Findings and Recommendations - Old
 - Substance Abuse and Mental Health Preliminary Screening
 - Suicide Risk Screening Instrument - Old
 - Suicide Risk Screening Instrument - General Direction
 - Suicide Risk Screening Instrument(SRSI) - New
 - Suicide Risk Screening Parent/Guardian Notification
 - Supervision Plan
 - Supervision Risk Classification Instrument
- Detention Center Forms
- Health Services Forms
- Probation and Community Corrections Forms
- Residential and Correctional Facilities Forms



- 1) **Select Suicide Risk Screening Instrument (SRSI) NEW**
- 2) **This will take you to the Office of Health Services Web Forms.**

How to Access the SRSI



DEPARTMENT OF JUVENILE JUSTICE
Office of Health Services Web Forms
MENTAL HEALTH FORMS

User Role: JDO
[X Exit](#)

Active Youth: [Redacted]
[\(Facesheet\)](#) [\(PACT\)](#) [\(PACT MHSA Referral\)](#) [\(Alerts Module\)](#)

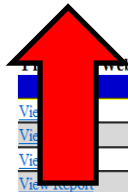
Form: Suicide Risk Screening Instrument(SRSI) for P [Redacted]

Record Count: 2

[New](#)

[Upload...](#)

	Form	Ref#	Type	Program Name	Modified Date Time	Modified By	Status
Select		3638360	EMR Form	P C P - 20 Circuit - D J J	08/11/2015 04:32 PM	Mukaddam, Kelli Y	Open
Select		3638360	EMR Form	P C P - 20 Circuit - D J J	08/10/2015 04:06 PM	Mukaddam, Kelli Y	Open



Web Forms: Specific Form Information

Record Count: 4

	Ref#	Youth Name	Created Date Time	Created By	Modified Date Time	Modified By
View	3638360	[Redacted]	12/05/2012 12:32 AM	Warthen, Nicole	12/05/2012 12:54 PM	Young, Carrie
View	3638360	[Redacted]	11/26/2012 11:13 AM	Mukaddam, Kelli	11/26/2012 11:13 AM	Mukaddam, Kelli
View	3740967	[Redacted]	10/05/2012 08:55 PM	Lamour, Dario	10/05/2012 08:55 PM	Lamour, Dario
View report	3638360	[Redacted]	01/07/2012 04:24 PM	Wilson, Shelly-Ann	01/11/2012 01:46 PM	Young, Carrie

**Click “Select” to continue the started SRSI
by the JAC Staff.**

Part 1

Interview of Youth and Arresting/Transporting Officer

**This section should already be filled-in by
the JAC or JPO Screening Unit**

****This section should be reviewed for all
admits into Detention****

JAC completed section

Step 1 of 3

Direct Admit to Detention? ☒ Yes ☐ No

Facility Name: *J A C - 20 Circuit - Lee County Select

Youth's Name Referral

Aliases DJJID:

Date of Birth 2/12/1998 Age 17

Parent/Guardian Selection Martinez, Jennifer

Address/Telephone

Statute Number/Offense(s)

784.03 1a2 BATTERY- CAUSE BODILY HARM
794.011 2b Sex Assault- Battery BY UNDER 18 YOA SEX BATTERY VICTIM UND 12 YOA
806.13 1b1 DAMAGE PROP-CRIM MISCH- 200 DOLS AND UNDER
800.04 5c1 LEWD LASCV BEHAVIOR VIC YOUNGER THAN 12 YOA OFF YOUNGER THN 18 YOA

Save Save & Next >> Cancel

These tabs will be view only for JDO's.
Review Youth Data tab
and JAC/JPO tab
completed by the JAC or
JPO prior to completing
the JDO section!!

Part 2

**Interview of Parent/Guardian, Dependency Case
Manager, and assigned
Juvenile Probation Officer (JPO)**

**JDO will start form here if youth was processed
through the JAC.**

Completing the SRSI (Part 2)

The screenshot shows the 'Detention Officer Section' of the SRSI system. At the top, there are tabs for 'Youth Data, Interview of Arrest/Trans. Officer and Youth', 'JAC/JPO Section', 'Detention Officer Section' (which is selected), 'Nurse, MH Staff Section', and 'ASR Results'. Below the tabs, it says 'Step 1 of 4' and 'Step 1 Step 2 Step 3 Step 4'. A blue arrow points from the 'Detention Officer Section' tab to the 'Detention Officer Interview of Parent/Guardian or Relative or DCF Case Manager and Assigned JPO:' section. This section contains three sub-sections: 'Interview of Parent/Legal Guardian or Relative', 'Interview of DCF Case Manager', and 'Interview of Assigned JPO'. Each sub-section has a dropdown for 'Parent/Legal Guardian or Relative Name', 'DCF Case Manager Name', or 'Assigned JPO', followed by 'Outcome' checkboxes for 'Contacted Date/Time', 'Unable to Contacted Date/Time', and 'Refused to Answer Interview Questions'. There are also 'Comments' text areas and 'Check Spelling' buttons. At the bottom, a red oval highlights the navigation buttons: '<< Previous', 'Save', 'Next >>', and 'Cancel'.

This section should be completed by JAC or JPO. If JAC or JPO was unable to contact parent or DCF and JPO, the JDO **MUST** contact the parent or DCF case manager and JPO and complete questions for Step 2.

Detention Officer Section is the JDO section. Look at the tabs and the steps. They tell you what page and what step you are on.

Click “Previous” if you want to return to the last page
Click “Save” if you want to save information and keep working on this page
Click “Save & Next” if you’re ready to move on to the next page
Click “Cancel” if you want to exit the SRSI without saving

Interview of Parent/Guardian, Dependency Case Manager, and assigned Juvenile Probation Officer (JPO)

- This section should be filled in by JAC or JPO.
- If the JAC or JPO was unable to contact the parent or DCF case manager and JPO, the JDO intake worker attempts to contact youth's parent/guardian or if applicable, DCF case manager **and** assigned JPO (or assigned DJJ contact person), documents who was contacted, checks the "Contacted" box along with date and time, and asks questions 1-6, or documents attempts to contact and checks "Unable to Contact" box along with date and time.
- "Unable to Contact" means at least two calls were made to the telephone numbers provided for the parent, guardian or relative, and the parent/guardian or relative
 - ✓ When the "Contacted" box is checked, a "yes" or "no" response must be recorded for each interview question.
 - ✓ When the "Unable to Contact" box is checked, the "yes" and "no" boxes will remain blank.
 - ✓ The "Comments" sections must be completed to proceed in JJIS.
- JDO's **MUST** make contact and add information if the JAC was unable to make contact with the parent, DCF case manager and assigned JPO.

Step 1 of 4 - Select who you interviewed and when.

By selecting that you contacted a Parent, DCF or JPO, this allows you to complete questions in Step 2.

Step 1 of 4
Detention Officer Interview of Parent/Guardian or Relative or DCF Case Manager and Assigned JPO:

If the youth is detained and the JAC or JPO screener was unable to contact the parent/legal guardian or DCF Case Manager and the assigned JPO prior to the youth's admission to the detention center, then the detention center's assigned JPO. If the detention center's admitting detention officer is unable to contact the parent/legal guardian, the detention center must notify the youth's assigned JPO.

☐ **Interview of Parent/Legal Guardian or Relative**

Parent/Legal Guardian or Relative Name: Relationship:

Outcome:

☐ Contacted Date/Time / / ☐ Unable to Contact Date/Time / /

☐ Refused to Answer Interview Questions

Comments:

400 characters remaining...

When the "Contacted" box is checked, a "yes" or "no" response must be recorded for each interview question.

..... (OR)

☐ **Interview of DCF Case Manager**

DCF Case Manager Name:

Outcome:

☐ Contacted Date/Time / / ☐ Unable to Contact Date/Time / /

☐ Refused to Answer Interview Questions

Comments:

400 characters remaining...

When the "Unable to Contact" box is checked, the "yes" or "no" interview questions will remain blank

☐ **Interview of Assigned JPO**

Assigned JPO:

Outcome:

☐ Contacted Date/Time / / ☐ Unable to Contact Date/Time / /

☐ Refused to Answer Interview Questions

Comments:

400 characters remaining...

The "Comments" sections must be completed to proceed in JJIS.

<< Previous Save Save & Next >> Cancel

Youth Data, Interview of Arrest./Trans. Officer and Youth

Step 1 of 3

Direct Admit to Detention? ☐ Yes ☒ No

Facility Name: * SW Florida Regional Juvenile Detention Center

Youth's Name: Referral: 4126549

Aliases:

Date of Birth: Age: 18

Parent/Guardian Selection:

Address/Telephone:

On Step 1, leave the Parent/Guardian Selection box blank.

If the JPO is **unable to contact the Parent or Guardian**, but the JPO is able to speak with another contact person.

Youth Data, Interview of Arrest./Trans. Officer and Youth **Detention Officer Section** **Nurse, MH Staff Section** **ASR Results**

Step 1 of 4 [Step 1](#) [Step 2](#) [Step 3](#) [Step 4](#)

Detention Officer Interview of Parent/Guardian or Relative or DCF Case Manager and Assigned JPO:

If the youth is detained and the JAC or JPO screener was unable to contact the parent/legal guardian or DCF Case Manager and the assigned JPO prior to the youth's admission to the detention center, then the detention center's admitting detention officer must complete the interview of the parent/legal guardian or DCF Case Manager and the assigned JPO. If the detention center's admitting detention officer is unable to contact the parent/legal guardian, the detention center must notify the youth's assigned JPO.

☒ **Interview of Parent/Legal Guardian or Relative**

Parent/Legal Guardian or Relative Name: Relationship:

Other Contact Person Name: Relationship:

☐ Contacted Date/Time: / / ☐ Unable to Contact Date/Time: / /

☐ Refused to Answer Interview Questions

Comments:

400 characters remaining...

By leaving the Parent/Guardian Selection box blank on Step 1, as shown above, this enables "Other Contact Person Name and Relationship" to become enabled when the JDO gets to Step 1 of the Detention Officer Section.

Review questions in step 2 with the parents. Any “YES” response requires a response

15

Interview questions for parent or DCF case manager (and JPO)

Begin interview with the statement: "Please answer the following questions to the best of your knowledge"

1. Has the youth ever tried to kill himself/herself?

When was the most recent time?

How?

Ask the parent or DCF case manager and JPO each question. Record his/her response "yes" or "no". If "yes", the next two questions are asked (When was the most recent time? And How?) Record his/her answers in the text boxes.

Was there another time in the past that the youth tried to kill himself/herself?

When?

How?

Ask the parent or DCF case manager and JPO each question. Record his/her response "yes" or "no". If "yes", the next two questions are asked (When and How). Record his/her answers in the text boxes.

2. Has the youth threatened to kill himself/herself in the past six months?

Explain

Ask the parent or DCF case manager and JPO each question. Record his/her response "yes" or "no". Record his/her answers in the text boxes.

3. Have you noticed the youth having any of the following behaviors: Giving away his/her favorite things, dropping close friends, drastic changes in eating or sleeping habits, saying that things are hopeless?

Explain

4. Other than being arrested and detained, has the youth had a major change or loss in the past six months, such as a death, divorce of parents, breaking up with (girlfriend, boyfriend, etc.)?

Explain

Was the major loss related to someone this youth knows well committing suicide?

Who?

When?

How?

Ask the parent or DCF case manager and JPO each question. Record his/her response "yes" or "no". Record his/her answers in each text boxes.

5. Does the youth have any serious mental health problems (e.g. depression, withdrawn, hears voices, etc.)?

Explain

6. Is there any other information or reason for you to believe that this youth is a risk for suicide?

Explain

❖ If the parent or JPO or DCF Case Manager answers "YES", then ...

If one or more "Yes" for questions 1 through 6, place youth on suicide precautions and constant supervision. Refer youth for Assessment of Suicide Risk to be conducted within 24 hours, or immediately if the youth is in need of emergency services or crisis intervention.

Step 3 - JDO Observation

Step 3 of 4

Detention Officer Observations

These are not interview questions. **DO NOT ASK THE YOUTH THESE QUESTIONS** but observe the youth during intake process and

If one or more "Yes" for items 1 through 4, place youth on suicide precautions and constant supervision. Immediately refer youth for

Have you observed any of the following:

1. Threatening to kill self/preoccupied with suicide: *

2. Fresh wounds/injuries that appear to be self-inflicted?

Describe:

Step 3 includes the JDO's observations of the youth. Answer each observation question with "Yes" or "No", describe your observations

400 characters remaining...

3. Do you have any other reason to think that the youth will try to kill himself/herself? *

Explain:

400 characters remaining...

4. Symptoms of alcohol/drug withdrawal (slurred speech, dilated pupils, depression, anxiety, jittery). *

Describe:

Note: Youth presenting as intoxicated or high on drugs/alcohol must be transported for emergency care or Marchman Act Evaluation.

If one or more "Yes" for items 1 through 4, place youth on suicide precautions and constant supervision. Immediately refer youth for Assessment of Suicide Risk or Baker Act

5. Dramatic mood changes (e.g. from crying to laughing in a short period of time). *

Describe:

400

JDO's observations of the youth. Answer each observation question with "Yes" or "No", describe your observations

6. Indications of self-mutilating behavior (e.g. marks/scars or cigarette burns observed). *

Describe:

400 characters remaining...

7. Does youth have suicide risk noted on PACT Mental Health/Substance Abuse Report and Referral Form or MAYSI-2 Suicide Scales? *

JDO must review PACT Mental Health/Substance Abuse Report and Referral Form and MAYSI-2 for suicide scales

If one or more "Yes" for items 5 through 7, place youth on suicide precautions and constant supervision. Refer youth for Assessment of Suicide Risk to be conducted within 24 hours, or immediately if the youth is in need of emergency services or crisis intervention.

Step 4 – JDO Screening Results

Step 4 of 4

Detention Officer Screening Results

- ☐ No referral for Assessment of Suicide Risk necessary based on available information
- ☒ Referred for Assessment of Suicide Risk

Referred to:

Referred by: ☒ Telephone ☐ E-mail Date/Time /

- ☐ Assessor will be immediately consulted to determine if youth is in need of immediate Assessment or crisis intervention
- ☒ Assessor will see youth within 24 hours

☐ Emergency Transport (Baker Act)

Note: Youth presenting an imminent threat of suicide must be transported for emergency care.

☐ Emergency Transport (Marchman Act Evaluation or Medical Evaluation)

Note: Youth presenting as intoxicated or high on drugs/alcohol must be transported for emergency care.

[Elec.Sign & Save >>](#)

Juvenile Detention Officer's Name and Date/Time

- If there are any “yes” responses or available information regarding suicide risk (e.g., SRSI, PACT Suicide Scale, MAYSI-2 Suicide Subscale or staff observations indicate suicide risk), JDO checks the appropriate box: (☐ “Referred for Assessment of Suicide Risk”; ☐ Emergency Transport Baker Act; or ☐ Emergency Transport Marchman Act Evaluation or Medical Evaluation).
- If there are any “yes” responses, the box “No referral for Assessment of Suicide Risk necessary based on available information” will be grayed out and not be able to be selected.
- If all responses are “No”, and you do not feel the youth is in need of a Assessment of Suicide Risk, then select the “No referral for Assessment of Suicide Risk necessary based on available information.”

Step 4 – JDO Screening Results Continued

Step 4 of 4

Detention Officer Screening Results

☐ No referral for Assessment of Suicide Risk necessary based on available information

☒ Referred for Assessment of Suicide Risk

Referred to:

Referred by: ☒ Telephone ☐ E-mail Date/Time /

☐ Assessor will be immediately consulted to determine if youth is in need of immediate Assessment or crisis intervention

☒ Assessor will see youth within 24 hours

☐ Emergency Transport (Baker Act)
Note: Youth presenting an imminent threat of suicide must be transported for emergency care.

☐ Emergency Transport (Marchman Act Evaluation or Medical Evaluation)
Note: Youth presenting as intoxicated or high on drugs/alcohol must be transported for emergency care.

Juvenile Detention Officer's Name and Date/Time

- If the youth is referred for Assessment of Suicide Risk, the JDO must record the name of the mental health professional that the youth was referred to, check the box indicating whether the referral was made by telephone or e-mail and record the date/time of the referral.
- If a youth is an imminent risk or suicide, the youth must be transported for emergency mental health care (Baker Act).
- If a youth presents as intoxicated or high on drugs/alcohol, he/she must be transported for emergency care
- If a youth presents as both suicidal and intoxicated/high on drugs/alcohol. The youth should be transported for emergency medical evaluation and Baker Act evaluation.
- If the youth is not in need of emergency services/crisis intervention, a referral will be provided to the mental health professional at the detention center.

SUICIDE RISK SCREENING INSTRUMENT (SRSI)

User Role: JDO [Exit](#)

Active Youth: [REDACTED] ([facesheet](#))

Please minimize number of upper case letters to retain report layout.

[<< Back](#) [SRSI Report](#)

[Youth Data, Interview of Arrest./Trans. Officer and Youth](#) |
 [JAC/JPO Section](#) |
 [Detention Officer Section](#) |
 [Nurse, MH Staff Section](#) |
 [ASR Results](#)

Step 4 of 4

Detention Officer Screening Results

☐ No referral for Assessment of Suicide Risk
☒ Referred for Assessment of Suicide Risk

Referred to:

Referred by: ☒ Telephone ☐ E-mail

☐ Assessor will be immediately cons
☒ Assessor will see youth within 24 h

☐ Emergency Transport (Baker Act)
☐ Emergency Transport (Marchman Act Evalua

Note: Youth presenting an in
 Note: Youth presenting as in

[Elec.Sign & Save >>](#)

Juvenile Detention Officer's Name and Date/Time

[<< Previous](#) [Save](#) [Save & Next >>](#) [Cancel](#)

Electronic Signature

By clicking Elec.Sign and Save, I agree that the signature will be the electronic representation of my signature.

Confirm Your Name and Credentials for Electronic Signature.

Enter Your JJIS Password for Confirmation.

Password:

[Elec.Sign and Save](#)

Note:
 If you choose 'Elec. Sign and Save' no one else will be allowed to modify what you have entered in.
 Do this when you are completely finished filling out this portion.

[Cancel](#)

JDO name and date/time must be recorded on form
Enter your JJIS password
Click “Elec. Sign and Save”

Parent/Guardian Notification (MHSA 009)

Located in Forms Library



FLORIDA DEPARTMENT OF JUVENILE JUSTICE DETENTION SUICIDE RISK PARENT/GUARDIAN NOTIFICATION

JJIS #: _____
Referral ID#: _____

I, as parent/guardian, have been notified that my child _____
was placed on Suicide Precautions as a result of screening and/or Assessment of Suicide Risk. I have been
informed that my child is currently on Suicide Precautions in the detention center, but is not currently
considered in need of emergency services under Florida's Baker Act.

- ☐ My Child has been in the detention center for less than 24 hours, and was released by the court
prior to his/her scheduled Assessment of Suicide by a mental health professional in the detention
center. I was informed my child's responses to suicide risk screening questions or behaviors
observed by Department of Juvenile Justice (DJJ) staff indicated he/she should receive a suicide
risk assessment as soon as possible.
- ☐ My Child was seen by a mental health professional while in secure detention. A mental health
professional conducted an Assessment of Suicide Risk and determined my child was a potential
suicide risk. I was informed my child should receive follow-up mental health assessment and
treatment as soon as possible with my child's local primary care provider or if applicable,
behavioral health clinic, or practitioner or local hospital.

To obtain further information about the Assessment of Suicide Risk administered in the detention
center, please contact the mental health office at _____ or the Regional
Detention Center at _____.

If you need assistance in obtaining a mental health assessment, which includes a suicide risk assessment
for your child, contact your family doctor, community mental health center, the Department of Children
and Families District Office, the Suicide Prevention Hotline at 1-800-SUICIDE (1-800-784-2433) or
Nationally Supported Lifeline at 1-800-273-TALK (1-800-273-8255). Your local hospital emergency
room or walk-in clinic is also an option.

By signing below, I confirm receipt of this notification and understand the information provided.

_____ Parent/Guardian Signature	_____ Witness Signature
_____ Name (Print)	_____ Name (Print)
_____ Date	_____ Date

Juvenile Released To: _____
(Name) (Relation)

Comments:

cc: Case Management File, Detention File and DJJ Individual Healthcare Record



**The Juvenile Detention Officer section of
the SRSI is now complete.**

**Implement appropriate Referral, Alert and
Suicide Precaution processes.**

Part 3: Mental Health/Medical Provider

DEPARTMENT OF JUVENILE JUSTICE
Office of Health Services Web Forms
SUICIDE RISK SCREENING INSTRUMENT (SRSI)

Active Youth: [REDACTED] [\[Link\]](#) [Exit](#)

Please minimize number of upper case letters to retain report layout.

<< Back SRSI Report

Youth Data, Interview of Arrest/Trans. Officer and Youth JAC/JPO Section Detention Officer Section **Nurse, MH Staff Section** ASR Results

Step 1 of 2 This section is VIEW only. [Step 1](#) [Step 2](#)

Nursing Screening or Mental Health Clinical Staff Screening

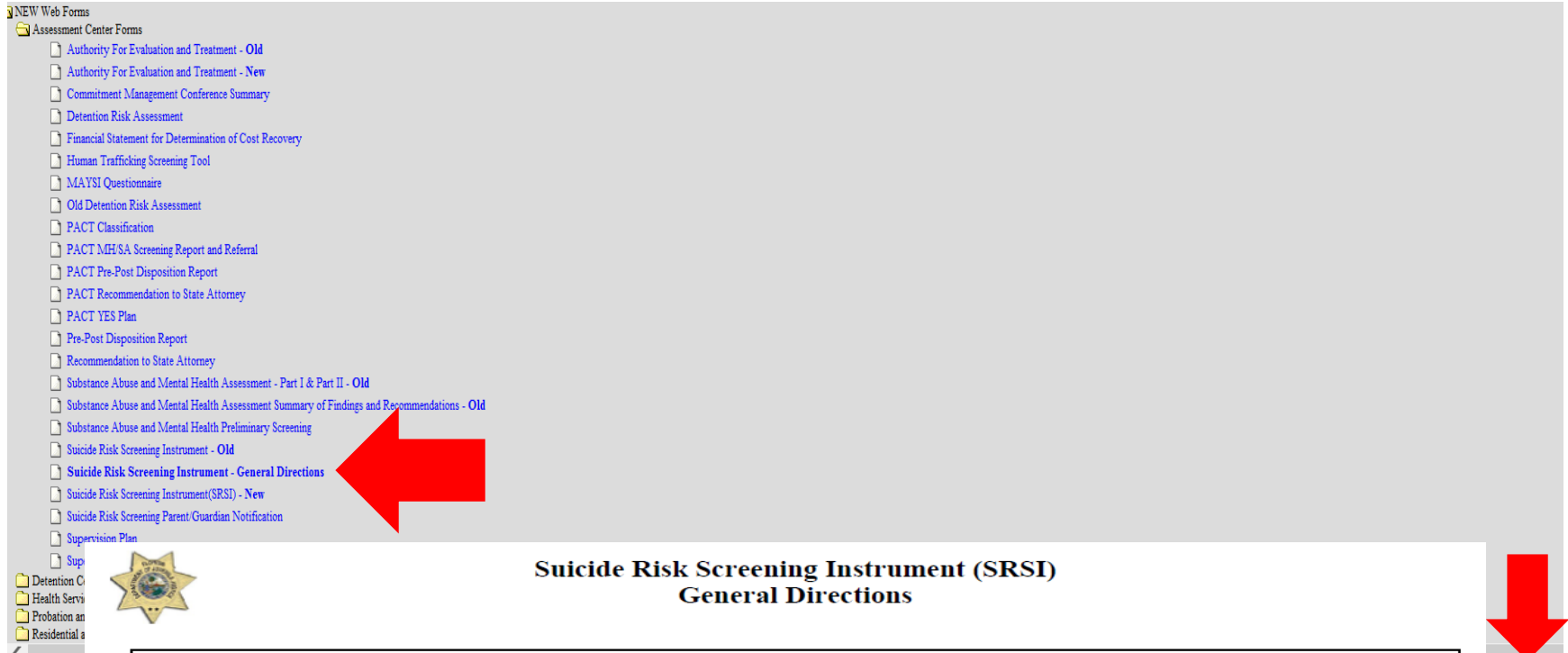
If one or more "Yes" for questions 1 through 6, place youth on suicide precautions and continue with assessment and refer youth for Assessment of Suicide Risk to be conducted within 24 hours immediately if the youth is in need of emergency services or crisis intervention.

Nurse Screening Mental Health Clinical Staff

**The Juvenile Detention Officer section
is now complete.**

**The next screen is for the mental health/medical provider
who will complete this screening section.**

Suicide Risk Screening Instrument- General Instructions



NEW Web Forms

- Assessment Center Forms
 - Authority For Evaluation and Treatment - Old
 - Authority For Evaluation and Treatment - New
 - Commitment Management Conference Summary
 - Detention Risk Assessment
 - Financial Statement for Determination of Cost Recovery
 - Human Trafficking Screening Tool
 - MAYSI Questionnaire
 - Old Detention Risk Assessment
 - PACT Classification
 - PACT MH/SA Screening Report and Referral
 - PACT Pre-Post Disposition Report
 - PACT Recommendation to State Attorney
 - PACT YES Plan
 - Pre-Post Disposition Report
 - Recommendation to State Attorney
 - Substance Abuse and Mental Health Assessment - Part I & Part II - Old
 - Substance Abuse and Mental Health Assessment Summary of Findings and Recommendations - Old
 - Substance Abuse and Mental Health Preliminary Screening
 - Suicide Risk Screening Instrument - Old
 - Suicide Risk Screening Instrument - General Directions**
 - Suicide Risk Screening Instrument (SRSI) - New
 - Suicide Risk Screening Parent/Guardian Notification
 - Supervision Plan
 - Sup
- Detention C
- Health Servi
- Probation an
- Residential a

specific Form Infor

Suicide Risk Screening Instrument (SRSI) General Directions

NOTE: When a Suicide Risk Screening Instrument (SRSI) Form in JJIS is activated by the JAC or JPO screener at the time of a youth's initial intake, the newly activated SRSI form in JJIS is to be utilized by each DJJ screener as they administer their assigned sections of the SRSI to the youth. The newly activated SRSI form in JJIS will remain open/incomplete until each section of the youth's activated SRSI Form has been filled-in by the required screeners. A "warning" notice will appear in JJIS if a screener attempts to activate a new SRSI Form in JJIS when an activated SRSI Form currently exists.

[View Report](#)

1. Interview of Arresting/Transporting Officer

- Each Juvenile Assessment Center (JAC) and Probation screening unit must have written operating procedures for completion of this section of the SRSI by the staff person meeting the arresting/transporting officer.
- Before the arresting/transporting officer leaves the Juvenile Assessment Center (JAC) or Probation screening unit, this section must be completed. The arresting/transporting officer must be interviewed to determine if the officer has reason to believe the youth will try to kill him/herself or is currently intoxicated or high on drugs or alcohol. The person interviewing the arresting/transporting officer must check the appropriate yes/no boxes. If "yes" and/or if additional information available, the staff person must provide explanation for response.
- A "hit" for item 1 should result in transport for a Baker Act evaluation. A "hit" for item 2 should result in transport for Marchman Act evaluation or emergency medical evaluation prior to admission to detention center.
- The name of the staff person completing this section must be recorded on the SRSI form.